

Telecommunications Carrier Application Packet General Instructions

For companies desiring to obtain certification as a Competitive Local Exchange Carrier (“CLEC”), Interexchange Carrier (“IXC”) and/or Operator Services Provider (“OSP”) in the State of Kansas, the Kansas Corporation Commission (“KCC” or “Commission”) has available an Application for Certificate of Authority filing packet. Resellers as well as facilities-based providers are considered a CLEC, IXC or OSP. The packet is designed to allow rapid review, but it is not intended to preclude additional avenues of Commission Staff investigation.

Each applicant is required to register with the office of the Kansas Secretary of State as a foreign corporation in order to offer telecommunications services in Kansas and is also required to provide its Federal Identification Number.

Each service requires a separate application. Commission rules require filing an original and seven (7) copies of each Application with the Executive Director or you may efile your application on the Commission’s website at <https://puc.kcc.ks.gov/e-filing/e-express/>. A \$250.00 filing fee shall accompany each application. Additional charges for staff time and related charges may be assessed. The Application packet is comprised of:

1. A sample Application cover letter,
2. A blanket Application form (for a CLEC, IXC, OSP, or IXC/OSP combined) to provide Service within the State of Kansas,
3. December 27, 1996 Order Establishing the Guidelines for Local Telephone Exchange Service in Kansas Incorporating the State Telecommunications Act of 1996 and [additional Lifeline eligible programs as listed in Docket No. 10-GIMT-658-GIT](#).
4. [Commission’s Order regarding filing of Annual Interrogatory Form](#) (Docket No. 13-GIMT-736-GIT, Order dated December 3, 2013),
5. K.A.R. 82-13-2 protecting customers against loss of service,
6. KCC Telecommunications Carrier Code of Conduct, and
7. Sample CLEC Access Tariff

Following certification, each Company is required to report its gross intrastate operating revenues yearly. This figure should be the same as reported in the annual report form and is derived from those activities which are under the Commission’s jurisdiction and are legally defined as being intrastate operations. In accordance with K.S.A. 66-1503, this amount is used for preparation of Commission quarterly assessment invoices. Additionally, every carrier, public utility, and wireless service provider providing intrastate telecommunications service in Kansas will contribute to the Kansas Universal Service Fund (KUSF). Failure to submit the required Annual Report (which includes Kansas revenues) and KUSF Carrier Remittance Worksheet on the due date and/or to pay

the assessment billed may result in a show cause proceeding as to why your certificate should not be canceled. Immediate notification is required for the KCC and the KUSF Administrator of any change in your Company's name, address and/or telephone number.

Applicants may direct additional questions, either before or after filing, to Kelly Mabon, Telecommunications Analyst, at (785) 271-3228.

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Application of _____ (Company Name))	
_____)	
for a Certificate of Convenience and)	Docket No.
Authority to Provide (Local Exchange)	
and Exchange Access Service, Inter-)	<u>(assigned by the KCC)</u>
exchange and/or Toll and Operator)	
Services) Within the State of Kansas.)	

**APPLICATION FOR CERTIFICATE OF AUTHORITY
To Serve as a Telecommunications Services Provider in Kansas**

K. S. A. 66-2005(w) sets out the requirements for certification as follows: An applicant "... must receive a certificate of convenience based upon a demonstration of technical, managerial and financial viability. Any telecommunications carrier or other entity seeking such certificate shall file a statement, which shall be subject to the commission's approval, specifying with particularity the areas in which it will offer service, the manner in which it will provide service in such areas and whether it will serve both business and residential customers in such areas."

Comes now _____ (*name of preparer*) representing
_____ (*name of applicant*), a _____ (*business form, i.e. corporation, partnership, etc.*) representing its intention to engage in the business of a Competitive Local Service Provider in the State of Kansas under the business name of _____ in the territory described specifically below, and making claim that public convenience will be thereby promoted. Applicant, for purposes of verification and in evidence of fitness to operate, offers the following information in support of this application:

1. Full, correct name (including d/b/a) of company, firm, association or corporation making this filing:
2. Federal Identification Number:
3. Type of Certification requested by applicant:
(Please provide a separate application for each type of certification. The requisite \$250.00 filing fee per service must accompany each application.)
 - _____ Competitive Local Exchange Service
 - _____ Interexchange (long distance or toll) Service
 - _____ Operator Services and Interexchange (toll) Service
 - _____ Resale
 - _____ Facilities-based
 - _____ Combined Resale and Facilities-based

4. Address (if the mailing address is a P. O. Box number, also provide the actual street address) and telephone number(s) for the principal office of the company and its local office (if any), including 800 customer service number:
5. If individually owned, name of individual doing business under above name:
6. Requested serving territory (statewide for toll service; local service may be limited to specific exchange areas due to rural exemption guidelines; and operator services may be limited to specific institutions):
7. Name, title, address telephone number and email address of person preparing this application.
8. Name, title, address, telephone number and email address of Commission/Industry Relations contact
9. Organizational Information
In the table below, give name and address of each officer (when an individual holds more than one office, list name for each office held):

OFFICERS

Line No.	Title (a)	Name (b)	Address (c)
1			
2			
3			
(etc.)			

If incorporated, list information concerning company directors:

LIST OF DIRECTORS

Line No. (a)	Name of Director (b)	Address (c)	Term Began (d)	Term Expires (e)	Shares of Common Stock (f)
1					

2					
3					
etc.					

10. Description of Applicant's operations (provide as Exhibits):

- A. Applicant's short run and long run growth plans for providing intrastate telecommunication service in Kansas (i.e. What services will be provided and how quickly? Will service be offered statewide to residential, business or residential and business? Are specific local exchanges, localities or the service area(s) of specific companies included in these plans? If local service, how many exchanges will be served and which of those will be served first? What are the general characteristics of those exchanges?).
- B. Estimated number of company service personnel assigned to telephone service who will be located in Kansas during the time periods mentioned above?
- C. What telecommunications equipment will be deployed in the state and where will it be deployed over the period of time mentioned above?
- D. Has any state or federal entity denied certification to your company or taken any enforcement action against your company's service operations (such as a fine or a Cease and Desist action)? If so, please explain.
- E. Provide a list of enforcement proceedings or criminal charges involving applicant or its principals in connection with the provision of telecommunications services within the last five (5) years anywhere in the United States including, but not limited to:
 - injunctions
 - cease and desist orders
 - civil lawsuits
 - consent decrees
 - assurances of voluntary compliance
 - civil investigative demands (CID's)
 - subpoenas

Identify the office or administrative agency that instituted each action, the date it was instituted, and the outcome thereof. Provide a copy of the final order or judgment. (This does not include actions for the collection of debts or domestic matters.) If no actions apply please indicate none.

11. Applicant's Managerial Qualifications (provide as Exhibits):

- A. Description of applicant's actual experience in the telecommunications business, specifically that represented in this application.
- B. Managerial qualification of your company's key personnel (copies of resumes are appropriate).
12. Is your company currently providing telecommunications service in any other state? If so, in an Exhibit, please name the state(s), provide a description of your company's operations therein and list the approximate number of customers in each state.
13. Financial Information:
- A. Stock

CAPITAL STOCK

Line No.	Class of Stock Common Or Preferred etc.	No. of Shares Auth- orized by charter	No. of Shares Act- ually Sold	No. of Shares Can- celled	No. of Shares Held for Resale	No. of Shares Out- standin g	Par Value per Share	Total Amnt. Out- stan- ding per Fin. Stmnt.	Divi- dends Declar ed During Year
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
1									
2									
3									
4									
etc.									

- B. List information concerning the stockholders holding the highest number of shares of stock. If no one stockholder holds more than 5% of the total shares outstanding, so indicate by placing an "X" in this blank , and omit the information called for in the schedule below.

LIST OF PRINCIPAL STOCKHOLDERS

Line No.	Name of Stockholder	Address	No. of Shares	No. of Votes	Total Par or Stated Value
(a)	(b)	(c)	(d)	(e)	(f)
1					
2					
3					
4					
etc.					

- C. Sole proprietorships and/or partnerships or any other business organization including, but not limited to limited liability companies, limited partnerships, and LLPs must add an Exhibit to show the organizational structure and share interests in assets, liabilities and profits.
14. Applicant's Financial Qualifications (provide as Exhibits):
- A. Comparative Income Statements for the immediately preceding three (3) year period (audited positive statements preferred).
 - B. Balance Sheets for the immediately preceding three (3) year period (audited positive statements preferred).
 - C. A forward-looking management narrative discussing any significant activity that may impact either the Income Statement or Balance Sheet provided.
15. As an attachment, please provide state of incorporation and proof of incorporation in that state.
16. As an attachment, please provide proof of registration with the Kansas Secretary of State (must maintain registry and remain in good standing).
17. Name and telephone number of the contact person for customer service.

- Notice: Kansas Supreme Court Rule 116 requires attorneys who are not admitted to practice in Kansas to associate with an attorney "who is a resident of Kansas, regularly engaged in the practice of law in Kansas, and who is in good standing under all of the applicable rules of the Supreme Court of Kansas." The Kansas attorney must "sign all pleadings, documents, and briefs, and shall be present throughout all court or administrative appearances." Attorneys licensed in Kansas, but not residents of Kansas may appear without local counsel. Any party may appear personally on his or her own behalf.**

State of _____ County, ss.

Further, that applicant has full knowledge of the Kansas Corporation Commission's jurisdiction affecting local service providers and will comply with the applicable requirements of this Commission.

Subscribed and sworn to before me on this _____ Day of _____, _____.

(Revised 09/11/2014)